

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

November 14, 2016

Rachael Parker, Manager Sterling House At Richmond 61 Farr Road Richmond, VT 05477-9301

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on September 12, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMCotaRN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVE
		A. BUILDING:		COMPLETED
	0591	B. WING		C
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE ZIP CODE	09/12/2010
STERLING HOUSE AT RICHM	OND 61 FARR	ROAD .		
	RICHMON	ND, VT 05477	·	
SKELIX (EACH DEHCIENCA	TEMENT OF DEFICIENCIES MUST 6E PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN DF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COUN
R100 Initial Comments:	,	R100		
An unannounced or			D112	į
Was conducted by the	n-site complaint investigation he Division of Licensing and		R113 -	•
riviection on 9/11/1	he following regulatory			
violations were iden	tified related to the complaint:		1. Resident #1 will i	
	•	į	Sterling House o	ገ
SS=D V. RESIDENT CARI	E AND HOME SERVICES	R113	11/8/2016.	į
	:		Regulations have	been
5.3 Discharge and	Transfer Requirements		reviewed about r	
	!		an involuntary di	1
5.3.a Involuntary Dis Residents	scharge or Transfer of		Prior to providing	
17Coldel H2	İ		_	
. (1)An involuntary dis	charge of a resident is the		discharge letter, t	
removal of the reside	ent from a residential care		manager will revi	
nome when the resid	lent or the resident's legal	9.00	regulation and co	
advance to the remo	ot requested or consented in val. A transfer is the removal		the chart docume	ntation to
of the resident from t	he room the resident	1	ensure there is ad	equate
currently occupies to	another room in the home		documentation th	at ;
or to another facility v	With an anticinated return to		supports an involu	intarv
may occur only when	ntary discharge or transfer		discharge.	;
			3. This process will b	,
 The resident's car 	re needs exceed those	ļ		
, which the home is lice	ensed or approved through		monitored by the	
· a variance ii. The home is unabl	to provide; or le to meet the resident's		Discharges and the	
assessed needs; or			a discharge letter i	
iii. The resident prese	nts a threat to the resident's		reviewed by the m	anager.
sell of the Mellate of C	Other residents or staff, or	:	4. 11/8/2016	
court; or	ransfer is ordered by a			
v. The resident has fa	ailed to pay monthly charges			
ioi iboiii, board and c	are in accordance with the			
admission agreement			•	
				•
This REQUIREMENT	is not met as evidenced			

R113 - R114 POC accepted 11/14/16 FMdntshru/pmc

STATE FORM

Division of Licensing and P STATEMENT OF DEFICIENCIES				FORM APPROV
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY
	The state of the s	A. BUILDING:	-	COMPLETED
	0591	B. WING		C 09/12/2016
NAME OF PROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, S	TATE ZIP CODE	1 03112010
STERLING HOUSE AT RICHN				
- TOVOL AT MOIN		OND, VT 05477		
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.		
PREFIX (EACH DEFICIENCE TAG REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL	IDRE COMPLET
	199 IDENTIF THIS INFORMATION)	TAG	CRDSS-REFERENCED TO THE APPRO	OPRIATE DATE
R113 Continued From pa			DEFICIENCY)	
	age 1	R113		
by:		1		
Based on interview	and record review, the	,		i
Residential Care H	Ome (RCH) provided 1			Ì
applicable resident	a involuntary discharge			-
: utilizing inaccurate	information to justify the			1
reason for discharg	ge. (Resident #1) findings		·	
include:	,	,		
· · · · · · · · · · · · · · · · · · ·				;
Resident #1 was ac	dmitted to Sterling House on		*	
TIZITI. Effective 5	/31/12 a variance was			;
approved by the Div	vision of Licensing and			•
Protection to retain	Resident #1 although the	,		,
resident's level of ca	are met nursing home cotons			1
une to incontinence	ISSUES. Over the next 5 years			
until 4/22/46	ained the resident's home	1		
reculting in a fraction	Resident #1 sustained a fall		•	İ
Surgical interpretties	ed hip. The resident required			
transferred to a least	and after hospitalization was			
rehabilitation for his	term care facility for acute			
Completion of the se	replacement. Upon			
Was for Resident #4	habilitation, the expectation			
Sterling House House	to return to his/her room at			•
Was aware Recident	vever, although the manager			1
Sterling House dust		1 :		:
ong term care facilit	#1 wanted to return to			;
and term care lectile	ng communication with the			;
SOCIAL Services Raci	ng communication with the			
Social Services Resi	ng communication with the y, the manager informed ident #1 can put return to the			
RCH due to the resid	ng communication with the y, the manager informed ident #1 can not return to the			
RCH due to the resident related to issues of in	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs noontinence.			
RCH due to the resident of including the involuntary discharge in the invo	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs incontinence.			
RCH due to the resident and related to issues of in the involuntary discharged Resident #1's care not services.	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence.			
RCH due to the resident and related to issues of in the involuntary discharged Resident #1's care not RCH could provide. It	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence. narge notice identified eeds exceeded what the nowever Resident #1's care			
The involuntary discharged RCH could provide, I needs to include more	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence. narge notice identified eeds exceeded what the nowever Resident #1's care			
The involuntary discharged provide, in RCH could provide, in needs to include more glucose monitoring.	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence. narge notice identified eeds exceeded what the nowever Resident #1's care aftering weights, Blood as needed nebulizer.			
The involuntary discharged from RCH could provide. It needs to include more glucose monitoring, a treatments had been	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence. narge notice identified eeds exceeded what the nowever Resident #1's care nitoring weights, Blood as needed nebulizer			
The involuntary discharged from the involuntary discharged fro	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence. narge notice identified eeds exceeded what the nowever Resident #1's care nitoring weights, Blood as needed nebulizer unchanged within the last 3 liph of requiring additional			
The involuntary discharged and the resident #1's care in RCH could provide, it needs to include more glucose monitoring, a treatments had been years with the except assistance and encore	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence. narge notice identified eeds exceeded what the nowever Resident #1's care nitoring weights, Blood as needed nebulizer unchanged within the last 3 tion of requiring additional			
The involuntary discharged assistance and encore along with a toile care along	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence. narge notice identified eeds exceeded what the nowever Resident #1's care nitoring weights, Blood as needed nebulizer unchanged within the last 3 tion of requiring additional uragement with incontinence etting schedule. The			
The involuntary discharged assistance and encore along with a toile care along	ng communication with the y, the manager informed ident #1 can not return to the dent's extensive care needs accontinence. narge notice identified eeds exceeded what the nowever Resident #1's care nitoring weights, Blood as needed nebulizer unchanged within the last 3 tion of requiring additional			

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
THE RESIDENCE OF COMMENTAL PROPERTY.	IDENTIFICATION NUMBER:		A. BUILDING:	
	0591	B. WING		C 09/12/2016
AME OF PROVIDER DR SUPPLIER	STREET A	DDRESS, CITY, ST	FATE. ZIP COOF	
TERLING HOUSE AT RICHN				
		ND, VT 05477		
(X4) ID SUMMARY ST PREFIX (EACH DEFICIENC	ATEMENT DE DEFICIENCIES	ID .	PRDVIDER'S PLAN DF CORREC	STION
MG REGULATORY DR	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	HIDBE COURT
R113 Continued From pa	_	R113	R114	· · · · · · · · · · · · · · · · · · ·
presented a threat	to the resident's own self along)		
RCH Utilizing the	other residents and staff of the		1 Disahawa I	
Consistently comply	esident's incontinence and not ring with a toileting program		1. Discharge le	i
failed to justify the	alleged risk imposed on staff		provided to	Resident #1
and other residents	residing in the RCH.		on 7/7/201	6. Resident
		1:	#1 will retu	nto :
R114 V. RESIDENT CAR	E AND HOME SERVICES	R114	Sterling Hou	
SS=D	02/1/02/0			126 011
F 0 F2:)			11/8/2016.	•
5.3 Discharge and	Transfer Requirements	· [:	2. Involuntary	discharge
5.3 a Involuntary D	ischarge or Transfer of		notices will	be provided
Residents	ischarge or Transfer of		to residents	- 1
			facility feels	1
(2) In the case of ar	involuntary discharge or	!		•
transfer, the manag	er shall:		longer can n	1
i Notification residen	N = +101		level of care	. Resident\$
member and/or leas	t, and if known, a family I representative of the		will be allow	ed to
resident, of the disc	narge or transfer and the		remain/retu	rn per
specific reasons for	the move in writing and in a		regulations o	
ranguage and manner the resident understands				iding that
acidast / 2 HDUrs bet	Ore a transfer within the		process.	:
nothe and thirty (30)	days before discharge from		This process	will be
the normer if the tes	Gent does ant have a family 1	1 :	monitored by	/ the
assistance, the notice	resentative and requests e shall be sent to the Long		manager. Dis	charges
Term Care Ombudsr	nan, Vermont Protection and		and the need	_
Advocacy or vermon	t Senior Citizens Law			
Project.			discharge lett	
ii Hooth			reviewed.by t	the !
agency for giving yes	cribed by the licensing		manager prio	rto
transfer and include	ten notice of discharge or a statement in large print that		decisions mad	
the resident has the r	(ant to appeal the home)		discharge.	
decision to transfer o	Crischarge with the	:	•	م ألا يتباديان
anningriate information	on regarding how to do so.		4. 19/8 /2016 (11814 Rep

DIVISION (of Licensing and P				FORM	APPROV
AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT	£ SURVEY
		DENTIFICATION ROMBER.	A. BUILDING: _			PLETED
		0504				С
		0591	B. WING		09/	12/2016
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE		
STERLING	HOUSE AT RICHN					
		RICHMO	ND, VT 05477			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	Ü	PROVIDER'S PLAN OF C	ORRECTION	1
ŤAG	REGULATORY OR	LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTU	ON SHOULD BE	(X5) COMPLE
·		·	1	CROSS-REFERENCED TO THE DEFICIENCY		DATE
R114 (Continued From pa	age 3	R114			<u>:</u>
		*	7,114			
·	he resident may re	ment in the written notice that emain in the room or home	:			
(during the appeal.	enian in the room or nome				-
•						1
i	v. Place a copy of	the notice in the resident's				i
C	clinical record.	&	!			
						J
7	Ne DEALHOEME	Att		•		Ì
i h	DA: TILO METAGOLMENIEN	NT is not met as evidenced]:			
		rview and record review, the	i;			
F	CH Manager faile	d to provide 1 applicable	•			
. 16	esident with a requ	lîred written 30 day gotice prior	1			į
u) initiating a involu	ntary discharge and failed to				
p	errint the resident	to return to the RCH during	[:			
(r	ie 30 day involunta	ary discharge anneat				
fı	Resident #1) Findio	ngs include:				
: R	esident#1 was ad	mitted to Sterling House on	:			
1.	1/2/11. Effective 5/	31/12 a variance was			:	
aį	pproved by the Div	rision of Licensing and				
. P	rotection to retain i	Resident #1 although the			!	
- re	isident's level of ca	are met nursing home criteria				
at	re to incontinence.	issues. Over the payt 5 years			-	
্য	lerang House rema	Bined the resident's home '				
υπ ·re	Sulling in a tractur	Resident #1 sustained a fall	:			
รม	rdical intervention	ed hip. The resident required and after hospitalization was			ļ	
tra	insferred to a long	term care facility for acute			;	
re	habilitation for hip	replacement. Upon				
CO	impletion of the rel	rabilitation the expectation	ļ			
WG	is for Resident#1	to return to his/her room at			?	
20	erling House. How	ever, although the manager	[:	
Wa	is aware Kesident	#1 Wanted to return to			•	
OU lon	oning Mouse, during term come for the	ng communication with the				
Su Su	ig with care racility	y, the manager informed	ĺ			
RC	H due to the resid	dent #1 can not return to the lent's extensive care needs			•	
rela	ated to issues of in	continence				

,	Division of Licensing and Pr	ion of Licensing and Protection FORM APPRO				
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
L		0591	B. WING		C 09/12/2016	
	NAME OF PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST	ATE ZIP CODE	03/12/2010	
	STERLING HOUSE AT RICHN	OND 61 FARR		741,731 6652		
	PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ULD BE COMPLETE	
	R114 Continued From pa	ige 4	R114			
	A involuntary disch sent to Resident #1 information that a rin the RCH until a f regarding an appear However, Sterling #1 to return during the decision not to Manager removed from his/her room a room to another ind Per interview on 9/1 confirmed there was #1 with the 30 day a discharge and ackn room has been rent was under the imprealready discharged long term care facili RCH. Per review of the RCD Discharge and Transthe case of an involushall: "Provide the redays before discharge Sterling House." It as	arge notice dated 7/7/16 was . The notice includes esident has the right to remain inal decision is made at of the involuntary discharge. House failed to allow Resident the appeal process and with readmit Resident #1, the all of the resident's belongings and on 7/15/16 rented the ividual. 2/16 at 2:05 PM, the Manager is a failure to provide Resident advance notice of involuntary owledged the Resident's ed. The Manager stated s/he ession Resident #1 was since the resident was in a try and no longer living at the control of the manager esident written notice30 ge involuntary discharge from the Sterling House in his/her				